



HALL COUNTY SHORT TERM VACATION RENTAL BUSINESS LICENSE APPLICATION

2875 Browns Bridge Rd / P O Box 1435 / Gainesville, Georgia 30503
770-531-6815 businesslicense@hallcounty.org

Business Name _____ DBA _____ Business Phone (____) _____

Short term rental address _____
Number & Street Name City State Zip

Business mailing address _____
If different from above

Business E-Mail address _____

Total number of people working in business, full time, or part-time equaling full time _____

Beginning Date of business from **THE ABOVE** address _____

Federal Employer ID Number (FEI #) _____ Georgia Sales & Use Tax # _____

Is your property registered under Conservation Use with the Hall County Tax Assessor's Office? Yes ☐ No ☐

Whole House ☐ & Number of Bedrooms _____

OWNERSHIP

Name of Owner or Officer if Corp. or LLC Home Address City State Zip

Cell Number E-Mail Address (If different from above)

Additional Owner's name if partnership Home Address City State Zip

Cell Number E-Mail Address (If different from above)

TYPE OF OWNERSHIP ☐ **Sole Proprietor** ☐ **Partnership** ☐ **Corporation** ☐ **LLC**

If corporation or LLC, what is the EXACT, complete name as it is registered with the Georgia Secretary of State's Office:

Corporate name Corporate Address City State Zip

LOCAL CONTACT PERSON

Name of Local Contact Person Home Address City State Zip

Home Phone number Cell Number e-mail address

IMPORTANT ALONG WITH THIS APPLICATION, PLEASE SUBMIT GOVERNMENT ISSUED PHOTO ID ON OWNERS AND/OR PRESIDENT OF THE CORPORATION (corporate officer **MUST** be on Georgia Secretary of State's Website), GREEN CARD (if applicable), AND ANY OTHER REQUIRED DOCUMENTATION. ALL THESE ITEMS MUST BE SUBMITTED BEFORE ANY BUSINESS LICENSE CAN BE PROCESSED.

For office use only

BL# _____ CO# _____

OVER





HALL COUNTY BUSINESS LICENSE DEPARTMENT

P O Box 1435

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Affidavit Verifying Legal Status Of Applicant for Hall County Business License

By executing this affidavit under oath, as an owner/applicant for a Hall County Business Occupation Tax Certificate (Business License), as referenced in OCGA 50-36-1, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) ☐ I am a United States citizen
- 2) ☐ I am a legal permanent resident of the United States 18 years of age or older;
- 3) ☐ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, with an alien number issued by the Department of Homeland Security or other Federal Immigration agency.

My alien number issued by the Department of Homeland Security, or other Federal Immigration Agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by OCGA 50-36-1, with this affidavit.

The secure and verifiable document provided with this affidavit can be best classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state)

Signature of Applicant

Printed name of applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
____ DAY OF _____, 20____

SEAL

Notary Public



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Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) ☐ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.***

(B) ☐ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees¹.

*** If you select Section 1(B), please skip Section 2 and execute below.***

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____

SEAL

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.



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Local Contact Person Authorization

Name of Local Contact Person

Home Address

Phone Number

E-mail

I swear that I have read the Official Code of Hall County, Georgia, Chapter 5.100 - Short Term Rental and understand that I must meet the following requirements:

1. I must provide my name, address, telephone number and e-mail address to the Development Services Departments.
2. I will not advertise or rent out the vacation home without applying for and registering the business.
3. I must be at least 21 years of age.
4. I shall be required to respond to the location of the short term rental 24 hours a day, seven days a week, and within one hour after being notified by the county of the existence of a violation of this chapter or any other provision of this Code, or any disturbance or complaint requiring immediate remedy or abatement regarding the condition, operation, or conduct of occupants of the short term rental.
5. I understand that if I violate any provisions of Chapter 5.100 - Short Term Rental, Chapter 3.40, and all applicable provisions of Title 5, a violation could be issued and could result in License suspension or revocation.

Signature of Local Contact Person

Printed name of Local Contact



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Property/Business Owner Authorization

Name of Owner

Home Address

Phone Number

E-mail

I swear that I have read the Official Code of Hall County, Georgia, Chapter 5.100 - Short Term Rental and understand the following:

1. I will not advertise or rent out the vacation home without applying for and registering the business.
2. I must immediately notify the Business License Department in writing upon a change of local contact person or the local contact person's telephone number.
3. Upon the issuance of a new short term rental business license, or an updated local contact person, or a change in business license name, the county shall mail a notice to all residences within 500 feet of the property line of the short term rental notifying the neighbors that a short term rental business license has been issued and providing information regarding how to lodge complaints regarding the short term rental, if any.
4. If I am the designated local contact person, I shall be required to respond to the location of the short term rental 24 hours a day, seven days a week, and within one hour after being notified by the county of the existence of a violation of this chapter or any other provision of this Code, or any disturbance or complaint requiring immediate remedy or abatement regarding the condition, operation, or conduct of occupants of the short term rental.
5. I understand that if I violate any provisions of Chapter 5.100 - Short Term Rental, Chapter 3.40, and all applicable provisions of Title 5, a violation could be issued and could result in License suspension or revocation.

Signature of Owner

Printed name of Owner



HALL COUNTY BUSINESS LICENSE

SHORT TERM RENTAL HOA/COVENANTS STATEMENT

Business Name _____

Business Owner (or Officer) _____

STR Address _____

Phone Number _____

I swear under penalty of perjury that I am a property owner of the property located at the STR address listed above and that I have attached hereto true and correct copies of any and all covenants to which the property sought to be used as a short term rental (as defined by the Hall County Code) is subjected (if any), including any and all Home Owner's Association (HOA) rules and covenants. I further swear under penalty of perjury that if the covenants attached hereto (if any) do not contain any restrictions on short term rentals, said property is not located within a subdivision that has either covenants that restrict short term rentals or an HOA that places restrictions on short term rentals.

Signature of owner

Personally appeared before me

Notary Public (Print Name)

Notary Public Signature

Date